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COVER LETTER

TO:

Registration Section Division of Corporations

MAJORS PUB BOYNTON BEACH LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Koedel Name of Person MAJORS PUB BOYNTON BEACH LLC Firm/Company 11 HARBOUR DRIVE S Address OCEAN RIDGE, FL 33435 City/State and Zip Code skoedel@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Koedel Davtime Telephone Number Name of Person Enclosed is a check for the following amount: **Section** Section Sect ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2021 DEC 17 PH 12: 41

MAJORS PUB BOYNTON BEACH LLC

(Name of the Limited Liability Company as it now appears on our records) LAHASSEE . I LAHASEE . I LAHASSEE . I LAHASEE . I LAHASSEE . I LAHASSEE . I LAHASSEE . I LAHASSEE . I

	ty Company were filed on $rac{04/05/20}{}$	21 and assigned
Florida document number L21000155666	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
		_ .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		s, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida stre	eet address
		, Florida
		
	City	Zip Code
New Registered Agent's Signature, if changing Regist	•	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TNT LIFE, LLC	184 Neptune Dr	≘ Add
		Hypoluxo, FL 33462	□ Remove
			□Change
MGR	MARK REMSON LLC	3555 S OCEAN BLVD	∃ Add
		#417	□Remove
		PALM BEACH, FL 33480	Change
			□Add
			□Change
			□ Add
			□Change
			□Add
			□Remove
			□Сhange
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan eff <mark>Note:</mark>	ve date, if other than the date of filing:
record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	12/13/21 DALF
	Signature of a member or authorized representative of a member
	Scott Koedel
	3011 10001